### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: HOMESTEAD (THE) (110388)

Address: 13599 KANTON RD, BLUE RIVER, WI 53518

**License Status: REGULAR** 

Licensed/Certified/Registered 06/16/1994

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

CHENON	History
Survey	HISTOLA

Survey ID: 0095168 End Date: 06/30/2005 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090911 End Date: 08/18/2003 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007849 Served 09/05/2003

Deficiencies CitedSubject AreaCorrected83.14(1)(a)CLIENT RELATED TRAINING06/30/2005Yes83.14(1)(b)NEED ASSESSMENT AND ISP06/30/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 09/02/2003 SOD #10007849 Appealed: No

**Sanctions** 

OTHER SANCTION FORFEITURE---83.14(1)(a) FORFEITURE---83.14(1)(b)

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